

Department of Human Services

Articles in Today's Clips Friday, August 24, 2007

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Prepared by the
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Article published Aug 24, 2007

Man charged in child's death

Trace Christenson

The Enquirer

A Battle Creek man has been charged with murder in the death this month of his former girlfriend's son.

Adam Markos, 24, was arraigned Thursday on murder and child abuse charges during an afternoon appearance before Calhoun County District Court Magistrate David Barnes.

Markos is charged in the Aug. 6 death of Dominic Munoz, 4. Battle Creek police said he died from head injuries.

Markos was arrested shortly after the child died and charged with child abuse in a June 30 incident. Police said the little boy was burned on his feet and legs and alleged Markos caused the burns.

But Thursday, about an hour before a preliminary examination was scheduled in that case, prosecutors dismissed that charge and signed a warrant alleging murder and child abuse on Aug. 6.

During a brief hearing, Barnes told Markos his preliminary examination is scheduled for Sept. 4 and ordered him held without bond.

Later, his attorney said he doesn't believe Markos is guilty.

"I don't think he committed any such offenses," J. Thomas Schaeffer said. "I don't think it is a valid charge."

Schaeffer said he has not seen all the police reports or the autopsy but has not seen any evidence to justify the murder and abuse charges against Markos.

There is evidence others abused the child, Schaeffer said, and the child's mother, Lynn Wozniak, only had positive comments about Markos before the death of her son.

"It is going to be a real stretch to get this over to my client," he said.

Trace Christenson can be reached at 966-0685 or tchrist@battlecr.gannett.com.

Arrests made after child's overdose

By JENNY LANCOUR, Daily Press, Escanaba

GLADSTONE — The near-death of a Gladstone boy who overdosed on drugs Wednesday led to a search warrant being conducted on an Ensign home later that day, police said. Arrests of suspects are pending, officials added.

Gladstone Public Safety reported Thursday afternoon that an 11-year-old Gladstone boy nearly died from overdosing on prescription drugs. A 911 emergency call from the child's home alerted officials of the overdose, said Det. Sgt. Dennis Dufek. The boy was listed in good condition at OSF St. Francis Hospital Thursday afternoon, the Gladstone detective added.

During the investigation of the youth's overdose, police were led to an Ensign home where a search warrant resulted in the confiscation of prescription drugs, cash, marijuana, firearms and other evidence, according to the press release.

A team of detectives from the Upper Peninsula Substance Enforcement Team and the Delta County Sheriff's K-9 unit assisted Gladstone Public Safety in the joint investigation.

"The case is open and we're continuing with the investigation," Dufek said Thursday afternoon. Public Safety will submit warrant requests to the Delta County Prosecutor's Office to consider charges against suspects involved in the case, he added. Dufek was uncertain what charges would be sought because the investigation was still under way.

"We're going to have the prosecutor look at it and base the charges on the totality of the circumstances," Dufek said. "Charges will be the prosecutor's final decision."

Dufek said the abuse of prescription drugs is on the rise and not immune to our own communities. This is a major reason why the Delta County Drug Coalition — an organization of concerned individuals from across the region — formed, he added.

"The reason we issued a press release is we have a prescription drug problem," Dufek said. "This is going on. This has to stop. People are dying at an alarming rate. Now we've got a case involving an 11-year-old boy."

Because more people are dying from the illegal sale and use of drugs, area police are stepping up efforts to prosecute the criminals related to these deaths, Dufek said.

"We'll diligently investigate each case involving violations of prescription drugs," he said.

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2 Children Die In Overheated Cars

Parents' Apparent Mix-Up Leads To 7-Month-Old's Death

POSTED: 1:46 am EDT August 24, 2007

UPDATED: 10:05 am EDT August 24, 2007

A 2-year-old girl was found dead inside a car Thursday afternoon in Union Township.

Authorities said the car was parked with its windows rolled up outside Glen Este Middle School, where teachers started reporting Wednesday to prepare for next week's start of classes.

Police told Cincinnati television station WLWT the child had been inside the car for several hours.

No other information, including the child's name, has been released by police, but a family friend said the child is Cecelia Slaby.

Records showed that the vehicle where the girl was found is registered to the school's assistant principal, Brenda Nesselroad-Slaby. "We're working on a timeline right now to determine what exactly happened," said Union Township police Lt. Scott Gaviglia. "The parents are being very cooperative."

The family friend told News 5 that Nesselroad-Slaby left before 7 a.m. for a meeting at school, but decided that was too early to drop off Cecilia and ran some errands.

The girl fell asleep as her mother ran errands, and the friend said Nesselroad-Slaby likely forgot Cecilia was inside the car because she did not typically take her to day care.

The friend described Nesselroad-Slaby, who she said has daughters ages 5 and 17, as "the mother of the year" who even made her own baby food.

According to the National Highway Traffic Safety Administration, temperatures inside a car sitting in the sun can climb from 78 degrees to 100 degrees in as short a time as three minutes.

After six to eight minutes, the temperature inside the car can reach 125 degrees, and heatstroke occurs when the body's temperature reaches 104 degrees.

Temperatures reached near 100 degrees in many portions of the Cincinnati area Thursday afternoon.

According to researchers, children's bodies have a high surface area compared with their body mass.

In addition, children absorb more heat and are less able to cool themselves by sweating than adults.

One study found that 25 percent of mothers admitted to leaving infants and toddlers alone inside vehicles, and only one-third of them said they left the windows half or fully opened.

The death was the second in the nation Thursday involving a child in a hot car. A child in St. Louis died in a similar incident.

In that case, the parents both work at the Washington University School of Medicine. One is a doctor and the other is a researcher.

Police said apparently there was a tragic mix-up over who was taking their 7-month-old infant to daycare.

Neither did, and three hours later, in 90-degree heat, a woman spotted the baby. She broke open the car window and called 911, but the child couldn't be saved.

Hours later, near Cincinnati, a 2-year-old was found dead inside a sweltering SUV parked at a middle school. Police said they're still investigating what happened in that case, but said the parents are cooperating.

RELATED TO STORY



Video: Toddler Dies In Car On 100-Degree Day

One expert said at least 22 children have died this year inside overheated vehicles.

Previous Stories:

- August 23, 2007: [50 Deaths Blamed On Heat Wave](#)

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This is a printer friendly version of an article from **Lansing State Journal**. To print this article open the file menu and choose Print.

Published August 24, 2007

Spencer Johnson is president of the Michigan Health & Hospital Association.

Spencer Johnson: Without vote from Congress, health care for kids is at risk

More than 1.1 million people have no health coverage in Michigan, with more than 33,000 without health insurance in Ingham County alone. Tragically, 154,700 of the 1.1 million are children. However, Michigan and other states have a federally funded program to provide health care to these vulnerable youth - for the moment.

For the last 10 years, the State Children's Health Insurance Program, called MIChild in Michigan, has provided health coverage to children whose parents are either not offered health insurance for their family through their job, or who cannot afford the coverage that is offered. More than 6 million children nationwide - nearly 119,000 children in Michigan - are covered by SCHIP, making it one of the nation's few health care success stories. While the number of uninsured adults continues to climb, SCHIP programs have helped reduce the percentage of uninsured children by 24 percent over the past decade.

In the next few weeks, Congress will vote on whether to end, maintain or increase funding for SCHIP programs in states across the nation, including Michigan. All of Michigan's 146 nonprofit community hospitals are urging Congress to reauthorize the SCHIP program and provide it with the necessary funds to continue its success.

We all pay a steep price for the uninsured. Taxpayers, employers and those of us fortunate enough to have health care benefits all pay more to cover the medical bills of uninsured people who are forced to wait until they are very sick to seek care and then do so in the most expensive settings: hospital emergency rooms. Employers and states also pay significantly higher costs as unhealthy children grow into unhealthy adults, with chronic ailments such as diabetes, heart disease and obesity adding billions in preventable costs to Michigan's health care tab.

Congress and the White House must reauthorize SCHIP before Oct. 1 in order for the program to continue. While the program's very existence is in jeopardy, experts have concluded that the current funding levels - set in 1997 - are not even adequate to keep up with the number of uninsured children. Investing adequate funding for this program is one of the keys to ensuring that the hard-working people of Michigan and their children do not suffer further during this time of economic trouble.

Michigan's nonprofit community hospitals are urging all members of our state's congressional delegation to reauthorize and adequately fund SCHIP. We've finally found a program that works. Now is the time to reward success, not let it - and the families of Michigan - fall by the wayside.

August 24, 2007

Romney to Pitch a State-by-State Health Insurance Plan

By [MICHAEL LUO](#)

[Mitt Romney](#), an architect of [Massachusetts](#)' universal health coverage plan, is unveiling his proposal for overhauling the nation's health care system, calling for a state-by-state approach that he says will help millions of uninsured in this country gain access to affordable medical coverage.

The proposal, which Mr. Romney will detail today before the Florida Medical Association, departs significantly from the universal health care measure that he helped forge as governor of Massachusetts, reflecting the conservative audience he must now appeal to in order to win the Republican presidential nomination. It relies on federal incentives for market reforms, tax deductions and other changes to encourage people to buy health insurance and drive down costs.

"He's run away from the Massachusetts plan," said Stuart Altman, a health economist at Brandeis University who worked in the Nixon administration and has helped advise many politicians since, including Senator [Barack Obama](#), a Democratic presidential contender.

The Massachusetts plan, which went into effect this year and is still being watched closely to see how it will fare, was Mr. Romney's signal legislative accomplishment as governor but has elements that trouble many conservatives, most notably a mandate that everyone who can afford it must buy health insurance or face penalties.

Mr. Romney often promotes his health care bill in Massachusetts on the campaign trail, holding it up as a private-market-based solution to the problem of the uninsured, as opposed to "socialized medicine," or "Hillary-care," as he often says. But he almost never mentions the requirement that individuals buy coverage.

There is no individual mandate in Mr. Romney's plan for the rest of the country. Instead, it concentrates on a "federalist" approach, premised on the belief that it is impossible to create a uniform system for the entire country. Along these lines, the federal government would offer incentives to states to take their own necessary steps to bring down the cost of health insurance.

According to a preview of the presentation provided by Mr. Romney's policy advisers yesterday, Mr. Romney will highlight how the nearly 45 million uninsured in the country can be divided into roughly three groups: about a third are eligible for public programs but are not enrolled; a third are low income but ineligible for public programs and need some help from the government to purchase health insurance; a third are middle income but have chosen not to buy health insurance.

In his plan, Mr. Romney proposes taking federal money currently being used to help states cover the cost of medical care for the uninsured and offering that money to states to help low-income people who are not eligible for Medicaid and other public programs to buy their own private health insurance.

The same pool of money will be wielded as a carrot for states to reform their health insurance regulations to help drive costs down

and make plans affordable. That would include reducing the number of requirements for coverage that states impose on health insurance providers or lifting restrictions in some states on health maintenance organizations.

“For those people who are middle income or higher, a lot of times they’re making a basic calculation that it’s too expensive to buy health insurance,” said Sally Canfield, Mr. Romney’s policy director.

Mr. Romney, who helped found a hugely successful private equity firm, argues that the existing tax system penalizes those who do not acquire their health insurance through their employer, and that has prevented the development of a vigorous, affordable health insurance market. Those who acquire health insurance from their employers pay for their premiums with pre-tax dollars, but those who do not must use post-tax dollars to buy it. So Mr. Romney wants to allow people who buy their own health insurance to be able to deduct premiums, deductibles and co-payments from their income.

Eventually, Ms. Canfield said, the goal would be for people to be able to opt out of employer plans if they do not like them and go out on the individual market to buy health insurance on their own.

Other elements of Mr. Romney’s plan include altering the federal financing for state Medicaid programs to encourage restructuring by states and even helping low-income people buy private coverage, as well as capping punitive damages on medical liability lawsuits.

Several experts, however, questioned the viability of aspects of Mr. Romney’s plan, including whether the proposed tax incentives will be enough to spur individuals to buy health insurance, without any consequences like they face in Massachusetts if they do not.

“Those individuals have free will,” said Alan B. Cohen, executive director of the Health Policy Institute at [Boston University](#). “They can go out and spend that money on anything they want. They might not spend it on insurance. If they don’t spend it on insurance, the rest of us still end up paying for their care.”

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Romney favors national health care modeled on Massachusetts plan

By Glen Johnson
ASSOCIATED PRESS

8:31 p.m. August 23, 2007

BOSTON – Former Gov. Mitt Romney says other states can replicate Massachusetts' program of universal health care if the federal government creates an environment in which private health insurance can expand.

In a speech being delivered Friday to the Florida Medical Association, the Republican presidential contender is to declare he wants the government to help states lower premiums by deregulating their insurance industries.

Romney says Washington also should make tax changes so all people can use pretax dollars to buy coverage – as workers do who get coverage through their employers.

And he says the Medicaid program for people with low incomes should be overhauled. The goal should be to provide states with block grants so they can create insurance programs – freed from federal mandates – that are tailored to their individual needs.

In Massachusetts, a federal block grant was used to subsidize low-income insurance coverage, which, in turn, is being used to encourage residents to engage in more preventive and less emergency care. Similar grants were used nationally in 1996 so states had the freedom to restructure their welfare programs.

Romney's plan would help people buy private health insurance “in a way that builds on the experience in Massachusetts but doesn't force a one-size-fits-all approach on other states,” said Sally Canfield, a Romney policy adviser who previewed the speech for reporters.

Health care has typically been an issue emphasized by Democratic candidates. The former Massachusetts governor has battled to claim it for the GOP by citing the 2006 measure he signed into law to help bring coverage to people who lack insurance.

On Thursday, Democratic front-runner Hillary Rodham Clinton outlined her own vision for covering the 45 million nationally who lack insurance, although Romney has preferred to deride as “Hillarycare” the universal health program she tried unsuccessfully to implement in 1993 while serving as first lady.

The overarching principle in Romney's national plan stems from the line in the Hippocratic oath: “Do no harm.” The candidate says Americans like their existing system of employer-provided coverage, and he believes it needs only modifications to expand to the uninsured.

One slide in the presentation he plans to deliver states: “No Europe-like rationing.”

While the presentation highlights features of the Massachusetts plan, Romney also distances himself from the government bureaucracy it created and its requirement that all state residents get coverage by July 1. He says states will be free to craft the specifics of their own programs.

Social and fiscal conservatives such as those Romney is courting generally favor fiscal discipline, loathe government bureaucracy and oppose federal mandates.

“We're not saying every state has to have a mandate,” said Canfield, the Romney policy adviser. “Their uninsured may be a different slice than it was in Massachusetts.”



Well runs dry for those in need of help

Friday, August 24, 2007

By Christina Hildreth

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Michiganians in need of money to avoid energy shutoffs will probably have to stick it out until October. Both public and private coffers will be empty after today.

The Department of Human Services will accept applications for state emergency relief until the end of today, state officials said. After that, applicants will be denied due to lack of funds.

The Salvation Army, St. Vincent de Paul and Community Action Agency have all run out of funds for energy assistance as well.

"We get \$6,000 the first of every month," said Virginia Fetterman, director of social services at the Jackson Salvation Army.

"That is gone. It takes about two weeks to go."

Mary Estrada, emergency assistance administrator at the Salvation Army in Grand Rapids, said there are shortages all over Michigan. She said the funding left in various areas of the state is not likely to last until October.

The Michigan Public Service Commission has approved \$50 million in low-income assistance grants to help needy families in Michigan avoid energy shutoffs. But the money isn't immediately available.

The commission needs approval from the Department of Labor and Economic Growth, the State Administrative Board and the Legislature before it can disperse the money.

Pending approval, the MPSC would send \$30.9 million to the Department of Human Services for state emergency relief and \$25.9 million to the Emergency Relief and Energy Direct program. An additional \$6 million would go to the Salvation Army -- \$250,000 of which would trickle down to Jackson County -- and \$5 million would go to the Michigan Community Action Agency Association.

Judy Palnau, a spokeswoman for the MPSC, said it is uncertain when the money might become available.

"We have no control over the timing of when these other groups meet and when they do approvals," she said. "The intent is to have this money available by the time cooler temperatures hit."

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Area jobless numbers rise

Friday, August 24, 2007

By Dave Alexander

dalexander@muskegonchronicle.com with wire service reports

An increasingly deteriorating job market in West Michigan produced worsening unemployment rates along the lakeshore in July.

Muskegon County's unemployment rate rose to 8 percent in July compared to 7.6 percent in June and 8 percent a year ago. In Ottawa County, the jobless rate hit 6.1 percent in July, up from 5.9 percent in June and 6 percent a year ago.

Newaygo and Oceana counties also experienced higher unemployment rates in July. The only area county to buck the worsening job trend was Mason.

Seasonally unadjusted unemployment rates increased in 14 of Michigan's 17 regional labor markets in July, state officials said Thursday.

The monthly survey of employers indicated that seasonally unadjusted payroll jobs in Michigan were affected in July by temporary plant shutdowns and supplier layoffs tied to auto-industry retooling for the new model year.

"However, this year saw a slight reduction in layoff activity" compared to July 2006, said Rick Wacławek, director of DLEG's Bureau of Labor Market Information & Strategic Initiatives.

The largest jumps in unemployment compared to June occurred in the metropolitan areas including and surrounding the cities of Monroe, Flint, Lansing and Saginaw. Most saw average increases of around a percentage point.

The most troubling numbers in Muskegon and Ottawa counties were the drops in overall employment from a year ago.

The 86,197 people employed in Muskegon County in July was a drop of 1.7 percent or 1,528 workers from a year ago. In Ottawa County, the trend was worse.

Ottawa had 133,489 workers in July, down 2.8 percent or 3,731 jobs from a year ago. Ottawa has taken a major hit in its significant manufacturing sector with a loss of 1,600 jobs since last year -- 4.2 percent of the total workers in the industrial sector.

In Muskegon, the industrial jobs loss was 0.7 percent. However, Muskegon registered more significant job losses over the past year in the government and service sectors.

For July, Oceana County had an unemployment rate of 7.5 percent compared to 7.3 percent in June and 8.2 percent a year ago. Newaygo had a 9.2 percent jobless rate in July vs. 7.4 percent in June and 8.7 percent a year ago.

The only positive jobs report came out of Mason County. The Ludington area had a 6.8 percent June unemployment rate, down from 7.1 percent in June and 7.7 percent a year ago.

Early out proposed for 14,000 state workers

August 23, 2007

By CHRIS CHRISTOFF

DETROIT FREE PRESS

LANSING – Senate Majority Leader Mike Bishop, R-Rochester, wants to offer early retirement to some 14,000 state workers to trim the state budget.

But Gov. Jennifer Granholm opposes an early-out plan as too expensive and a drain of experienced state workers.

Advertisement

The disagreement could further stoke heated budget negotiations, which produced an all-night House session Wednesday and Thursday to approve a raft of budget bills.

Bishop on Thursday introduced a bill to allow state employees whose age and years of work for the state add up to 75 to take an early retirement. Bishop said he estimates 14,000 of the state's 52,000 employees would be eligible, but a spokesman said perhaps 10,000 or so would accept it.

Bishop said the early retirements could save the state \$200 million a year, depending on how many employees take an early retirement and how many are not replaced.

The added cost of earlier benefits would be paid out of the state's general fund, perhaps spread over five years, rather than a single, lump sum.

"This is a reasonable reform that will create savings and greater efficiency in state government," said Matt Marsden, spokesman for Bishop. "Very few people in the state of Michigan believe we can't operate state government a little more efficiently."

But Liz Boyd, spokesperson for Granholm, said early retirements are not an answer to the state's fiscal problems.

"Early outs cost money, and they only save you money if you don't rehire people," Boyd said. "Who do you not replace?"

"We are still reeling from the effects of the 2002 early out, when we lost almost 8,000 state employees."

State employees would jump at the chance of an early out, said Roberto Mosqueda, president of the Michigan State Employees Association, which represents about 5,000 state workers.

Mosqueda said such an offer would hinge on a budget agreement and the cost of an early retirement offer. He said many state employees will be eligible for retirement in the next five years, anyway, but said an early-out plan would cost the state in experience workers.

State employees are currently negotiating with the state for new labor contracts.

Bishop, in a prepared statement, also slammed the Democratic-controlled House for approving budget bills for 2007-08 that would cost more than \$1 billion more than the state could afford under current taxes. The Senate on Wednesday approved a partial list of budgets for state departments that cost less than what Granholm has proposed.

Bishop and House Speaker Andy Dillon, D-Redford Township, have agreed that the state faces a \$1.7 billion deficit next year unless deep cuts are made or taxes are increases – or a combination of both.

Find this article at:

<http://www.freep.com/apps/pbcs.dll/article?AID=/20070823/NEWS06/70823084/1008>

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JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

MARIANNE UDOW
DIRECTOR

News Release

Contact:

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**Michigan Department of Human Services Issues an Emergency Order Revoking
the Home for the Aged License (AH820261886) of Park Plaza Assisted Living, Inc. /
Marsha McBain, Administrator**

August 23, 2007

The Michigan Department of Human Services (DHS), Office of Children and Adult Licensing issued an emergency order revoking the license of Wayne County licensee Park Plaza Assisted Living, Inc., Marsha McBain, Administrator, 2560 Second Avenue, Detroit, Michigan. This action resulted from recent investigations of complaints of the home for the aged.

The August 16 and August 17, 2007, complaint investigations found violations of the Public Health Code and/or home for the aged promulgated rules requiring "emergency action" under the Michigan Administrative Procedures Act, MCL 24.292(2).

Effective August 23, 2007, the Emergency Order requires all residents of the facility to be relocated to other appropriate care settings as soon as this can be done consistent with the safety and care needs of the residents. Park Plaza Assisted Living, Inc. may not accept adults for care after that date. Park Plaza Assisted Living, Inc. is further required to properly care for its residents until they have been properly relocated at which time Park Plaza Assisted Living, Inc. is to cease operating the home for the aged at 2560 Second Avenue, Detroit, Michigan.

Park Plaza Assisted Living, Inc. has held a license to operate a home for the aged since December 15, 2003, with a current licensed capacity of 116 adults.

Michigan law defines a home for the aged as "a supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility that provides room, board, and supervised personal care to 21 or more unrelated, nontransient, individuals 60 years of age or older. Home for the aged includes a supervised personal care

facility for 20 or fewer individuals 60 years of age or older if the facility is operated in conjunction with and as a distinct part of a licensed nursing home.”

For more information, consult DHS Web site at www.michigan.gov/dhs.



JENNIFER M. GRANHOLM
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DEPARTMENT OF HUMAN SERVICES
LANSING

MARIANNE UDOW
DIRECTOR

News Release

Contact: Maureen Sorbet (517) 373-7394

**Michigan Department of Human Services Summarily Suspends
the Family Day Care Home Certificate of Registration, License Number DF100291468, of
Angela Mikowski**

August 23, 2007

The Michigan Department of Human Services (DHS), Office of Children and Adult Licensing (OCAL) issued an order of summary suspension and notice of intent to revoke the certificate of registration of Benzie County family day care home provider Angela Mikowski, 7251 Tiger Drive, Lake Ann, Michigan. This action resulted from a recent investigation of a complaint of the child day care family home.

The August 23, 2007 complaint investigation found violations of the Child Care Organizations Act and administrative rules regarding caregiver and child care home family; discipline and child handling; and children's records. OCAL took emergency action to protect the health, welfare, and safety of children.

Effective 6:00 p.m., August 23, 2007, the Summary Suspension Order prohibits Angela Mikowski from operating a family day care home at 7251 Tiger Drive, Lake Ann, Michigan or at any other address or location. Accordingly, she may not accept children for care after that date and time. The order also requires Ms. Mikowski to inform all of the parents of children in her care that her certificate of registration has been suspended and that she can no longer provide day care.

Ms. Mikowski has held a certificate of registration to operate a family day care home since August 2, 2007. The certificate of registration was for six children.

Michigan law defines a day care family home "as a private home in which 1 but fewer than 7 minor children are received for care and supervision for periods of less than 24 hours a day, unattended by a parent or legal guardian, except children related to an adult member of the family by blood, marriage, or adoption."

For more information, consult DHS Web site at www.michigan.gov/dhs.



JENNIFER M. GRANHOLM
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STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF HUMAN SERVICES
LANSING



MARIANNE UDOW
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News Release

Contact: Maureen Sorbet (517) 373-7394

Department of Human Services to post state TANF plan for comment

August 24, 2007

Michigan Department of Human Services announces the public comment period for its TANF State Plan. The agency administers Michigan's TANF (Temporary Assistance for Needy Families) grant through public assistance programs statewide.

Michigan must submit its TANF State Plan to the U.S. Department of Health and Human Services for renewal. As part of the renewal process citizens, local governments and private organizations can submit comments on the plan and its design of services.

Revisions to Michigan's TANF State Plan since the last renewal in 2005 include:

- Clarification of Michigan's definition of hardship.
- 48 month state time limits beginning October 1, 2007 to reflect changes in state law.
- Added verification requirements for identity and citizenship.
- Changes in work requirements to conform with changes in federal law.
- Changes in employment related sanctions to reflect changes in state law including graduated sanctions.

The Department of Human Services must submit the plan by November 1, 2007 and will accept public comments through October 15, 2007. Comments can be submitted by fax or e-mail using these instructions:

- Michigan's TANF State Plan can be viewed on the DHS Web site at www.michigan.gov/dhs and clicking on "News, Information and Publications," "Reports," "State Plans and Federal Regulations".
- Comments may be submitted through this e-mail address: DHS-TANF@michigan.gov
- Comments may also be submitted via fax to Mave Coxon at (517) 241-7570.

To acquire a hardcopy version of the state plan, or to get more information on the public comment process, please contact Mave Coxon at (517) 335-3609 or send mail to Department of Human Services, P. O. Box 30037, Lansing MI 48909.

The Department of Human Services is Michigan's public assistance, child and adult welfare agency. It administers the federal TANF grant and Food Assistance Program as well as public adult and child protective services, adoption, foster care and similar programs.

For more information go to www.michigan.gov/dhs